

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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45	20									
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47										
48										
49										
50										
TOTAL IND.	4									
TOTAL DEP.	17	↓	↓	↓						
TOTAL CLAIMS	21									
TOTAL IND.										
TOTAL DEP.		↓	↓	↓						
TOTAL CLAIMS										